

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/980203**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		①		1		
5	1		1			
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TOTAL IND.	1		2			
TOTAL DEP.		2		2		
TOTAL AIMS			4			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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